

to collapse completely, as our colleagues across the aisle seem inclined to do, or we can act. Sitting around waiting for the exchanges to collapse might be the easier path, but we can't do much good for the American people if we are sitting on the bench and watching.

Republicans promised the American people that we would rescue them from the burdens of ObamaCare, and we intend to keep that promise. Last week, Senate Republicans released legislation to start undoing the damage caused by ObamaCare. It is called the Better Care Reconciliation Act.

To start with, our bill provides relief to individuals and families by repealing ObamaCare's burdensome individual and employer mandates. Under our legislation, Americans will no longer be forced to buy insurance they don't want or can't afford. Employers will no longer be faced with the choice of reducing worker hours or not hiring more employees simply to avoid the Federal Government's heavy hand.

Our bill also repeals the burdensome ObamaCare taxes. Taxes have consequences. When you raise taxes on everything from lifesaving medical devices, such as pacemakers, to health insurance itself, which ObamaCare did, it is no surprise that these things get less affordable. Our goal with this bill is to make healthcare more affordable and more accessible for all Americans. Repealing ObamaCare taxes is one part of that.

Stabilizing the rapidly collapsing ObamaCare markets is another part. Premiums on the exchanges are spiraling out of control, and insurers are fleeing the marketplace. The Better Care Act will help stabilize the markets and check premium increases.

The Better Care Act provides funding to help States implement solutions to help make healthcare more affordable for their low-income and high-risk residents.

Giving States flexibility was an important priority for us in drafting the Better Care Act. ObamaCare, of course, took the opposite approach, attempting to impose a one-size-fits-all solution on every State in the Union. But the problem with that is that it is pretty much impossible for a massive Federal bureaucracy to hand down one comprehensive solution that will somehow meet the needs of everyone in this country, not to mention that top-down, one-size-fits-all solutions are seldom the most efficient or affordable. Bureaucracy costs money, after all.

Our goal in drafting the Better Care Act was to make sure the States had the flexibility to address the needs of their specific populations. So we provide a State innovation fund to help them meet the particular needs of their residents. We also empower States by simplifying the waiver process by which they can seek relief from some of ObamaCare's demands and by allowing them to encourage a greater variety of healthcare solutions. We give

States more flexibility when it comes to meeting the needs of their residents who rely on Medicaid.

In addition to giving States the flexibility to design affordable healthcare solutions and to encourage innovation, our bill also provides help directly to Americans who are most in need. The Better Care Act provides advanceable and refundable tax credits to Americans making from zero to 350 percent of the Federal poverty level. The credits are adjusted to ensure that those in the most need get the most help.

Among other things, these credits will provide help to low-income Americans around the country who currently receive no healthcare assistance. In many States, thousands of Americans are unable to qualify for Medicaid but don't earn enough to get ObamaCare subsidies. That leaves these families with no assistance when it comes to purchasing health insurance. The Better Care Act fixes this.

The Wall Street Journal reports: "The Senate bill would extend eligibility for premium subsidies to about 2.6 million more adults with income below the federal poverty line, according to estimates from the Kaiser Family Foundation."

Since ObamaCare became law, I have heard from so many South Dakotans struggling under the law's mandates and the massive healthcare costs it has imposed. This bill is going to bring them relief. No more ObamaCare mandates, protection for those with pre-existing conditions, more affordable premiums, a more stable insurance market, assistance for low-income families, more flexibility to contribute to health savings accounts, increased flexibility for States to meet the needs of their Medicaid populations, more funding for hospitals that provide care to low-income South Dakotans, relief from ObamaCare taxes and, for the first time ever, 37,000 South Dakotans living below 100 percent of the poverty level will have assistance in getting health insurance on the individual market. This bill will give South Dakotans and all Americans access to better and more affordable healthcare.

The Better Care Act is the product of weeks of dialogue and collaboration among the Members of our conference, and I am particularly grateful to Senators ALEXANDER, ENZI, and HATCH, who have helped provide outstanding leadership throughout this process.

As I said earlier, Republicans made the American people a promise. We promised we would provide relief to the millions of Americans suffering under ObamaCare, and this bill delivers on that promise. I hope we will have the opportunity soon to vote for this legislation because it is time to give the American people access to real healthcare reform.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. STABENOW. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. HOEVEN). Without objection, it is so ordered.

The Senator from Michigan.

#### HEALTHCARE LEGISLATION

Ms. STABENOW. Mr. President, I just want to take a moment because we have all been so focused, and there has been so much concern about what is going to happen in terms of healthcare in this country. So many people have called me concerned about whether they are going to be able to continue their cancer treatments or whether their child is going to be able to get the operation they need or whether their mom with Alzheimer's is going to be able to continue to get nursing home care and so on, and I thank everyone who has told their story.

We have spent 6 months. This debate, this fight, isn't over yet, but it started the day after we were all sworn in, in this Chamber, in January, on January 4. A process was set up intentionally to be a partisan process that took just 51 votes, and instead of the regular committee process and working together, a path was initiated. Great concern went out across the country about what would be happening in terms of healthcare.

People have spoken up. They have written letters, emails, and made phone calls, and marched and told their stories. Today, at least for a moment, this Senate will not proceed this week because there are not the votes to proceed to what I believe is a complete unraveling of our healthcare system. That may come. Certainly, I don't underestimate people's abilities to make deals and to create a way to have this happen when we get back from the Fourth of July, but at least, in the short run, I want to thank everybody who has been involved and spoken out about this critically important issue.

There are lots of things that have been said on this floor and have been said publicly about the healthcare system. We do have a situation of people buying insurance on the private exchanges where there is a combination of things that have been done to create the situation where people are paying more, but there are also situations where there are problems and not enough competition and areas where people are paying too much, and we need to address that.

One of the biggest cost drivers is the cost of prescription drugs, and we desperately need to address that. I hope, when we come back after this next week, the Fourth of July, that we will have a conversation about the real problems we need to address, to build on healthcare, not take away medical care from tens of millions of people but to build on successes and tackle the things that aren't working.

I am very concerned about small businesses. I have introduced a bill

that would give a 50-percent tax credit for small businesses with 50 or fewer employees to help them cover the cost of their employees. We know most people who don't have insurance work for a small business or work for themselves as a single employer. Let's help them.

There are things I know we could work on together across the aisle that would lower costs and tackle the real problems.

This is what I also know; that is, when people talk to me about lowering cost and addressing healthcare, they are not talking about another tax cut for multimillionaires or billionaires. That is actually not on their list of healthcare reforms. It is in the bill that is in front of us, but it is not on the list when someone says to me: You know, I want to bring down out-of-pocket costs so I can afford insurance for my kids and, by the way, would you give another tax cut to multibillionaires. That is not on the list.

If we could come together and take the two things off the table, tax cuts funded by the second thing, which is cutting medical care for seniors, families, and children on Medicaid—if we could take that off the table and focus on the real cost drivers, the real problems that need to be addressed so that healthcare is more affordable, then we would see enthusiasm on our side of the aisle and probably both sides of the aisle. I know we can come together; the Presiding Officer and I have worked together many, many times on issues. We can do this again, but we have a situation where somehow tax cuts get involved in every debate. Secondly, addressing Medicaid, which is actually saving money for taxpayers, States, and families, is part of this in a way that makes no sense.

I have said it before, but just to illustrate it one more time, our Governor and State legislature expanded Medicaid to working families, people making minimum wage, and what has happened as a result of that? Well, 97 percent of the children in Michigan can go to a doctor. What does that mean? That means they cut in half the number of people walking into the emergency room who don't have insurance and can't pay. Uncompensated care is down by 50 percent, and guess what happens. Magically, the State of Michigan is saving money. There is \$432 million more in the budget—taxpayers' money—and that savings can be used for something else important in the State, other than paying for people who don't have insurance, can't see a doctor, and have to use the emergency room.

For me, this debate gets all smooshed together with all kinds of things that aren't connected to each other. The truth is that Medicaid is saving money. More people can go to the doctor and get preventive care. Fewer people are walking into the emergency room, which is the most expensive way to get healthcare. This is working. For sen-

iors, three out of five seniors in Michigan in nursing homes are there because of Medicaid healthcare.

I am not interested in cutting healthcare for seniors, children, and working families. I am not interested in a tax cut that is going to give the top 400 people in the United States a combined \$33 billion in tax cuts. But if we want to focus on small businesses, folks who are individually buying insurance and either can't find insurance or it is too high, count me in. Count me in. That needs to get fixed, and that involves making sure that the administration does not continue with actions that are raising people's costs on purpose. We need to fix the things in the system that aren't working.

I hope that for the rest of this week, next week, and beyond, we can have some real conversations about working together to solve the real problems that deal with costs, prescription drug costs, out-of-pocket costs for people, and we can do that in a bipartisan way if we are focusing on the real problems in healthcare and how we make healthcare stronger, better, and more affordable for American families.

Thank you.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. WICKER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### RECESS

Mr. WICKER. Mr. President, I ask unanimous consent that the Senate recess until 4:20 p.m. today and that following the recess, Senator WYDEN or his designee be recognized for up to 60 minutes.

There being no objection, the Senate, at 3:36 p.m., recessed until 4:20 p.m. and reassembled when called to order by the Presiding Officer (Mr. BLUNT).

The PRESIDING OFFICER. The Senator from Oregon.

#### HEALTHCARE LEGISLATION

Mr. WYDEN. Mr. President, the last few days have proven, once again, that political change in America doesn't start in Washington, DC, and then trickle down. It is from the bottom up.

Because millions of Americans called and texted and tweeted their opposition to an abomination of a health plan, that plan is not going to be on the Senate floor this week, thanks to grassroots America. It is so appropriate at this hour. I also want to make clear we have a bottom line for the next 2 weeks. We have an incredible amount of heavy lifting we have to do to make sure working families and seniors get a fair shake from the American healthcare system.

I say that because, as we speak, Senate Republicans are at the White House

strategizing with the President. The horse-trading has already begun, and the Senate Republicans have a slush fund paid for by working families that contains hundreds of billions of dollars that can be used for sweetheart deals that would get them the 51 votes needed to pass this horrendous healthcare bill in the U.S. Senate.

Now I will turn to what we need to focus on in the next 2 weeks at town-hall meetings, civic group lunches, discussions with rural healthcare providers. That focus has to be to highlight what this flawed Republican bill really means and how it can't be fixed no matter how much money the Republican leadership throws at these problems. This bill is a healthcare smash-and-grab, designed to benefit the fortunate few, and is paid for by hundreds of billions of dollars in reductions from Medicaid—tax breaks for the wealthy that Senate Republicans are so anxious to dole out, they are willing to make them retroactive. Contrary to what Senate Republicans say, their tax changes don't create jobs. They do create tax windfalls.

Exhibit A, under their bill, you have a \$1 million capital gain in February, and, if this bill passes, that lucky person would get a \$38,000 tax break. Many of these gains go directly into the pockets of America's 400 most affluent families, while disabled kids, those with opioid addictions, and families where a baby boomer has the misfortune of having a stroke and needs nursing home care face the prospect that the crucial health services they need—services that are life and death for them—will not be there because of this flawed healthcare bill.

Next, I want to point out that over the next 2 weeks, we are going to lay out how this legislation would send costs into the stratosphere for millions and millions of Americans. Start with older people who are about to get hit by what I call a double-age tax. If this bill goes through, insurance companies will have a green light to charge older Americans more than they charge younger people. As if that doesn't raise their costs enough, older Americans are also going to be forced to pay a higher share of their income on healthcare costs because the Senate Republican bill shrinks their tax benefits as they age. Older Americans need more healthcare. They can't afford to skimp out on bare-bones insurance. So many of our older people are going to see their premiums nearly quadruple.

It is not just older Americans who are going to see their costs jump. Right off the top, hundreds of thousands of middle-class families across the country are going to lose tax cuts for healthcare because the Republican bill snatches away their eligibility.

When it comes to the private insurance market, this bill is centered on a plan to push Americans into bargain-basement healthcare coverage. After all the talk about deductibles and out-of-pocket costs being unaffordable, this